

County: Calumet
 CHILTON CARE CENTER
 810 MEMORIAL DRIVE

Facility ID: 2130

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CHILTON 53014 Phone: (920) 849-2308
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/03): 63
 Total Licensed Bed Capacity (12/31/03): 63
 Number of Residents on 12/31/03: 52

Ownership: Limited Liability Company
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 51

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		15.4
Supp. Home Care-Personal Care	No					1 - 4 Years		48.1
Supp. Home Care-Household Services	No	Developmental Disabilities	3.8	Under 65	3.8	More Than 4 Years		17.3
Day Services	No	Mental Illness (Org./Psy)	28.8	65 - 74	9.6			----
Respite Care	No	Mental Illness (Other)	3.8	75 - 84	28.8			80.8
Adult Day Care	No	Alcohol & Other Drug Abuse	11.5	85 - 94	46.2	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	11.5	Full-Time Equivalent		
Congregate Meals	No	Cancer	1.9		----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	13.5		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	7.7	65 & Over	96.2	-----		
Transportation	No	Cerebrovascular	19.2	-----	-----	RNs		7.0
Referral Service	No	Diabetes	9.6	Gender	%	LPNs		9.3
Other Services	No	Respiratory	0.0	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	0.0	Male	26.9	Aides, & Orderlies		
Mentally Ill	No		----	Female	73.1			
Provide Day Programming for			100.0		----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total	%
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Resi- dents	Of All
Int. Skilled Care	0	0.0	0	1	3.1	139	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	1	1.9
Skilled Care	7	100.0	288	30	93.8	119	0	0.0	0	13	100.0	145	0	0.0	0	0	0.0	50	96.2
Intermediate	---	---	---	1	3.1	99	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	1	1.9
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	7	100.0		32	100.0		0	0.0		13	100.0		0	0.0		0	0.0	52	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
				One Or Two Staff	Dependent	Residents
Private Home/No Home Health	4.8	Daily Living (ADL)	Independent	78.8	21.2	52
Private Home/With Home Health	3.2	Bathing	0.0	75.0	11.5	52
Other Nursing Homes	0.0	Dressing	13.5	61.5	13.5	52
Acute Care Hospitals	88.9	Transferring	25.0	19.2	5.8	52
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	21.2			
Rehabilitation Hospitals	0.0	Eating	75.0			
Other Locations	3.2	*****				
Total Number of Admissions	63	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	7.7	Receiving Respiratory Care	21.2	
Private Home/No Home Health	14.3	Occ/Freq. Incontinent of Bladder	59.6	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	27.0	Occ/Freq. Incontinent of Bowel	32.7	Receiving Suctioning	0.0	
Other Nursing Homes	1.6			Receiving Ostomy Care	5.8	
Acute Care Hospitals	23.8	Mobility		Receiving Tube Feeding	0.0	
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets	21.2	
Rehabilitation Hospitals	0.0					
Other Locations	14.3	Skin Care		Other Resident Characteristics		
Deaths	19.0	With Pressure Sores	3.8	Have Advance Directives	88.5	
Total Number of Discharges		With Rashes	0.0	Medications		
(Including Deaths)	63			Receiving Psychoactive Drugs	0.0	

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	67.0	86.2	0.78	87.1	0.77	88.1	0.76	87.4	0.77
Current Residents from In-County	88.5	78.5	1.13	81.0	1.09	82.1	1.08	76.7	1.15
Admissions from In-County, Still Residing	23.8	17.5	1.36	19.8	1.21	20.1	1.18	19.6	1.21
Admissions/Average Daily Census	123.5	195.4	0.63	158.0	0.78	155.7	0.79	141.3	0.87
Discharges/Average Daily Census	123.5	193.0	0.64	157.4	0.78	155.1	0.80	142.5	0.87
Discharges To Private Residence/Average Daily Census	51.0	87.0	0.59	74.2	0.69	68.7	0.74	61.6	0.83
Residents Receiving Skilled Care	98.1	94.4	1.04	94.6	1.04	94.0	1.04	88.1	1.11
Residents Aged 65 and Older	96.2	92.3	1.04	94.7	1.02	92.0	1.05	87.8	1.10
Title 19 (Medicaid) Funded Residents	61.5	60.6	1.02	57.2	1.08	61.7	1.00	65.9	0.93
Private Pay Funded Residents	25.0	20.9	1.19	28.5	0.88	23.7	1.06	21.0	1.19
Developmentally Disabled Residents	3.8	0.8	4.79	1.3	3.03	1.1	3.47	6.5	0.59
Mentally Ill Residents	32.7	28.7	1.14	33.8	0.97	35.8	0.91	33.6	0.97
General Medical Service Residents	0.0	24.5	0.00	21.6	0.00	23.1	0.00	20.6	0.00
Impaired ADL (Mean)	43.8	49.1	0.89	48.5	0.90	49.5	0.88	49.4	0.89
Psychological Problems	0.0	54.2	0.00	57.1	0.00	58.2	0.00	57.4	0.00
Nursing Care Required (Mean)	6.5	6.8	0.96	6.7	0.97	6.9	0.94	7.3	0.89